

Vendor Monitoring Form Kansas WIC Program

Date of visit _____ Vendor #: _____ Vendor Contact: _____

Vendor Name _____

Address _____

Phone # _____ County _____

Fax # _____ Number of front-end cash registers: _____

Reason for visit: ☐ Annual ☐ Complaint ☐ Random ☐ Other _____

Items Needed for Monitoring Visit:

☐ Vendor Monitoring Form ☐ WIC Product Inventory Form

Local Agency: _____ Name of LA staff: _____

1. Procedures:

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| a. Does the vendor know whom to contact in the event of problems or questions? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the vendor know how to submit a complaint to the Local Agency? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the vendor know where the Request for Reimbursement form is located? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the vendor know how to submit a WIC check for reimbursement to the SA? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Materials:

- | | | |
|--|--------------------------|--------------------------|
| a. Does the vendor have a <u>current</u> Vendor Procedures Manual? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the vendor have adequate copies of the WIC Approved Food List? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Does the vendor have a Kansas WIC logo posted at entrance? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Does the vendor have adequate copies of the Quick-Glance Guide? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Does the vendor have the correct authorized vendor stamp? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Does the vendor stamp produce a clear and legible impression? | <input type="checkbox"/> | <input type="checkbox"/> |

3. Checks and Cash Register Receipts:

- | | | |
|---|--------------------------|--------------------------|
| a. Does the vendor have WIC checks to review?
If yes, complete Check and Receipt Review. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Does the vendor have cash register receipts to review?
If yes, complete Check and Receipt Review. | <input type="checkbox"/> | <input type="checkbox"/> |

4. Technical Assistance

- | | | |
|---|--------------------------|--------------------------|
| a. Was technical assistance provided to this vendor?
If yes, date information recorded in KWIC system: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

5. Follow-Up

- | | | |
|--|--------------------------|--------------------------|
| a. Is a follow-up visit needed to verify compliance?
If yes, date follow-up will be conducted: _____
If yes, date completed follow-up was recorded in KWIC system: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

Check Review

Check Number	Signature Present	Actual Purchase Date Appropriate	Correct Foods Sold (As per check)	Cashier Initials Present	Comments
1.	Y N	Y N	Y N	Y N	
2.	Y N	Y N	Y N	Y N	
3.	Y N	Y N	Y N	Y N	
4.	Y N	Y N	Y N	Y N	
5.	Y N	Y N	Y N	Y N	

Follow up action is required if any checks are found to be altered, missing information or illegible.

Check Number	Describe alterations, what information is missing or illegible	Follow-up Action taken by LA

Receipt Review (If receipts provide specific transaction information)

Check Number	Appropriate Foods Purchased	Identifiable as a WIC transaction	Tax charged
	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO
	YES NO	YES NO	YES NO

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